Scaffolding of Continuing Competency as an Essential Element of Professionalism

Dr. Charlotte Daughhetee, University of Montevallo
Dr. Stephanie Puleo , University of Montevallo
Dr. Elizabeth Thrower, University of Montevallo

Abstract

In recent years, regulatory boards have been asked to implement procedures to evaluate the competency of licensees throughout their careers, but the implementation of such competency measures is not on the immediate horizon. The responsibility for continuing competency, therefore, lies with each counselor. The work of Vygotsky is put forth as a developmental framework for conceptualizing the scaffolding of continuing competency through mentoring, supervision, consultation, professional involvement, advocacy and self care. Counselor educators and supervisors are encouraged to both model and emphasize continuing competency scaffolding elements in training and supervision

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What epitomizes a proficient, therapeutically wise counselor? Most counselors could probably identify colleagues who exemplify competency. Model counselors are likely to be actively involved in professional activities, are often highly visible members of the counseling community, and are lifelong learners. They pursue increased expertise with fervor, and serve as mentors for others. Unfortunately, many counselors could also offer examples of the antithesis: that is, counselors who practice in isolation and begrudgingly attend workshops, only because they must document continuing education credit to maintain their credentials. These "anti-mentors" seem to be avoidant of authentic professional growth and development. Such counselors are stagnant in their professional growth and they can present risks to their clients. Erosion of their initial skills and competency, coupled with lack of knowledge about new developments in the counseling field, not only makes them less effective in helping their clients, but may actually lead them to cause harm.

Continuing competency is fundamental to ethical practice. The counseling profession will be best served by individuals who are intrinsically motivated to seek out lifelong learning and professional development, regardless of the existence of external regulatory requirements. Counselor educators and supervisors have an ethical responsibility to model and encourage continuing competency practices, and to promote the development of a lifelong competency plan for counselor trainees. The purpose of this article is to describe the developmental process of continuing competency and discuss competency elements that can enhance counseling expertise, thereby protecting the public from stagnant and potentially harmful practitioners. By opening discussion about continuing competency, we hope to bring to light the valuable role that counselor educators and supervisors can play in modeling and instilling the value of lifelong competency development.

Initial Competency. While members of the public may assume that credentials such as licensure and certification are reflective of a practitioner's current level of competence, in actuality, these credentials are granted based on initial or minimal competency rather than on current knowledge and expertise (Citizen Advocacy

Center, 2004). A number of external mechanisms are in place to ensure that credentials are awarded only to counselors who are at least minimally competent. In regulation, these are commonly referred to as the "three Es:" education, examination, and experience. In general, the education component is the domain of counselor training programs which base their curricula on national standards for the training of counselors. The quality of these programs is assured through accreditation by the Council on Accreditation of Counseling and Related Educational Programs. The examination component is fulfilled through the use of the National Counselor Examination (NCE), administered by the National Board for Certified Counselors, or similar examinations administered by state regulatory boards. Examinations such as the NCE assess basic knowledge and application of core counseling practice concepts. Finally, the experience component ensures that new counselors, both pre - and post-degree, are observed and mentored as they demonstrate expertise and move toward independent practice (Magnuson, Norem, & Wilcoxon, 2002).Taken together, these "three Es" are intended to ensure competency; however, the awarding of licensure or certification signifies only a starting point, reflecting baseline proficiency and initial competency.

Continuing Competency. Continuing professional development beyond this point becomes an internally motivated process, whereby, each counselor must assume the responsibility to pursue genuine and rewarding avenues of professional growth and to engage in activities that will augment counseling proficiency. According to Tobias (2003), while initial professional training is monitored by training programs and regulatory boards, continuing professional education is self-directed. Once credentials such as licensure and certification have been awarded, there are few genuine measures of a counselor's growth, development, and competency in practice. With limited external mechanisms in place to monitor professional development, the responsibility for continuing competency rests upon the shoulders of each counselor. Professional development is considered a cornerstone of ethical practice; however, without external accountability, there are some counselors, the anti-mentors, who do not assume this responsibility.

The Pew Commission Task Force. The Pew Health Professions Commission Taskforce on Healthcare Workforce Regulation was formed, in part, due to apprehension over the type of professional represented by the anti -mentor counselor. The Taskforce was formed in 1989 to investigate issues and concerns related to regulated professions in health care. One of the regulatory concerns investigated was the lack of any true ongoing assessment of the continuing competency of professionals once they have received their licenses. This lack of ongoing assessment has long been identified as a risk to public safety (Citizen Advocacy Center, 2004).

The 1995 Pew Commission Taskforce report contained 10 recommendations for regulatory boards (Finocchio, Dower, McMahon, & Gragnola, and the Taskforce on Health Care Workforce Regulation, 1995). Two of the recommendations specifically addressed continuing competency and emphasized the need to reassess the competency of licensed practitioners post licensure, perhaps through peer review panels or additional testing, in order to assure the safety of the public. Recommendation 3 noted that regulatory practice acts should address not only initial competency, but continuing competency as well. In addition, Recommendation 7 called for state regulatory boards to develop and implement methods to monitor and evaluate the competency of regulated professionals across the span of their careers.

Efforts to Address Continuing Competency . A few regulated health professions have responded in the professional literature with recommendations for the assessment and regulation of continuing competency. A few regulated health professions have responded in the professional literature with recommendations for the assessment and regulation of continuing competency. These include nursing (Ryan-Nicholls, 2003; Whittaker, Carson & Smolenski, 2000), occupational therapy (Moyers, 2004; Woodbury & Velozo, 2005), and respiratory therapy (Tinkler, 2002), but there is no evidence in the literature that mental health professions have made meaningful attempts to assess continuing competency beyond the use of continuing education units (CEU).

The process of continuing education was developed to protect the public (Tobias, 2003), and CEUs have long been established as the primary way to verify sustained professional growth. Although most regulatory boards require evidence of CEUs for licensure renewal, there is no evidence that CEUs assure competency (Finocchio et al., 1995). While CEU workshops and presentations certainly can be instructive and enhancing to compe-

tency, several flaws are inherent within the CEU system.

Just as leading a horse to water does not ensure that the horse will drink; the existence of a CEU certificate does not necessarily indicate that competency was enhanced. In the former case, you need a thirsty horse, and in the latter, counselors with a thirst for learning. Unfortunately, it is possible for a counselor to sign up for a workshop or conference and obtain a CEU certificate without ever setting foot in the venue. Even actual physical presence at a CEU event does not in itself confirm professional development, since the participant may decide to direct his or her attention elsewhere (e.g., attending to a "Blackberry" PDA or napping) during the instructional time. Because it is difficult to gauge whether or not a participant in a CEU activity has actually integrated new knowledge and thereby increased competence, CEUs are inadequate as an assessment of continuing competency (Finocchio et al., 1995).

The increase in distance and correspondence CEU offerings is another concern. While these options are certainly convenient for the counselor, it is questionable whether licensure and credentialing boards can accept the contact hour designations at face value. Hinson and Bradley (n.d.), motivated by regulatory board concerns, found that subjects were able to pass a correspondence CEU test without reading the material. Even subjects who read the material before testing took much less time than the designated CEU time of three contact hours. Regulatory concerns about the veracity of such CEU options appear to be well founded. Continuing education alone does not satisfy the Pew Taskforce's recommendations for genuine appraisal of continuing competency. In fact, the Pew Taskforce believed that the public was not being adequately protected by the use of continuing education documentation as the sole competency measure for licensure renewal (Finocchio et al., 1995). Despite the Pew Taskforce position, there appears to be no substantial post licensure re-assessment requirements for counselors or other mental health professionals at this time (Lundgren & Houseman, 2002).

Scaffolding the Zone of Proximal Development

Counselors who are most noted for their extraordinary strides in professional development appear to be those who are intrinsically motivated toward lifelong learning, apart from the requirements for maintaining their credentials. For such counselors, conferences and workshops represent opportunities to learn and grow and not simply "hoops to jump through" for CEU certificates. If the thirst for knowledge is generated from within, counselor educators and supervisors are in a unique position to foster the development of lifelong learning by embracing continuing competency as a core value and evaluated disposition in counselor training programs. The developmental process of implementing continuing competency can be conceptualized through the work of Vygotsky.

The Vygotsky Model of Learning. We propose that Vygotsky's theory of how one learns can be used as a developmental framework for conceptualizing the scaffolding of continuing competency through mentoring, supervision, consultation, professional involvement, advocacy and self care. In the 1930s, Lev Vygotsky, a Russian psychologist, described a revolutionary theory regarding the relationship between educators and children's learning and development (Henson & Eller, 1999). Vygotsky (1978, 1997a, 1997b) stressed that learning is social and proposed that the educator should be a facilitator rather than simply an orator of knowledge.Vygotsky believed that learning should not be defined simply as one's demonstrable ability, but rather it should be defined as one's potential ability. This ability could be determined only by assessing what the learner was capable of doing if given enough assistance by an educator or peer. Thus, the learner's potential level of development was distinguished from the current, actual ability level. This difference was defined by Vygotsky as the learner's *zone of proximal development*. Vygotsky asserted that the greater the zone of proximal development, the more learning potential the individual possessed. This learning potential may be viewed as knowledge to which one aspires.

Vygotsky's model prescribed that the educator scaffold the learner (Jacobs, 2001). Scaffolding entails providing learners the assistance they need to complete a task, and subsequently withdrawing that assistance gradually until they are able to complete the task on their own. The educator must identify the learner's zone of proximal development, and provide necessary tools until the learner can accomplish the task alone. Thus, the

former zone of proximal development becomes the learner's actual zone of development and the zone of proximal development evolves to a higher level of aspirational knowledge. Stressing the importance of the social/environmental dimension of the learning relationship, Vygotsky (1978, 1997a, 1997b) postulated that the scaffolding process involves the educator interacting with the learner in the zone of proximal development to help the learner attain a higher level of functioning (Jacobs, 2001). This interactive relationship between learner and educator not only increases the learner's knowledge, but also generates awareness of the very process of learning (Vygotsky, 1997a, 1997b).

Scaffolding Strategies

How might Vygotsky's model of learning and development be applied to the counseling profession? Counselors have a zone of actual development or foundational abilities, a current zone of proximal development, and a set professional knowledge and skills to which they aspire. If counselors stay within their demonstrated ability level, they are not being challenged and they may become bored and stagnant. However, placing counselors in situations beyond their current zone of proximal development can lead to frustration and discouragement. Counselors who are scaffolded in their zone of proximal development remain energized as they gain knowledge and proficiency. Scaffolding at the point where the zone of proximal development meets aspiration knowledge is the cutting edge of knowledge and is neither boring nor frustrating. It is an exciting process as new insights occur and new skills are mastered within a supportive yet challenging context. Scaffolding is essentially a co-constructed process that may occur through a variety of collaborative relationships and experiences, and serves to move counselors toward aspirational knowledge.

Mentoring. Mentors empower new professionals and help shape professional identity (Tentoni, 1995). Echterling et al., (2002) described a mentor as "someone who not only teaches you what you want to know but who is the embodiment of who you wish to become" (p. 206). The mentoring relationship is an enriching association not only for the less experienced professional, but also for the mentor. Mentoring is a mechanism for sharing wisdom and is reciprocal in nature (Huang & Lynch, 1999). As the mentor nurtures an apprentice, passing on expertise and wisdom and facilitating development of the apprentice's potential, the mentor revisits his or her own learning discoveries and professional development. Ultimately, the mentor steps aside as the new professional comes into his or her own.

Mentoring can be integrated into the professional lives of counselors, first as the emerging professional is scaffolded within her or his zone of proximal development by an experienced other, and finally as the astute experienced practitioner engages in scaffolding new counselors. Essentially, those who have been mentored will one day provide mentoring for others and the process of scaffolding continuing competency through mentoring will be perpetuated. Incorporating mentoring into a counselor education program and intentionally reaching out to all students would ensure all students access to this scaffolding technique.

Peer supervision and consultation. Supervision is a vital component of both training and licensure and is an excellent example of Vygotsky's concepts. The supervisor scaffolds the less experienced counselor until the novice counselor can demonstrate a desired competency without the assistance of the supervisor. Then, the next desired skill is targeted as a new competency to master and the novice counselor progresses

Bernard and Goodyear (1998) noted that requiring supervision for licensure encourages professionalism, fosters development toward independent practice, and protects clients. Thus, supervision is the ideal representation of continuing competency scaffolding. Supervision should not be seen as merely getting your ticket punched on the way to licensure, but should be viewed as an ongoing aspect of informed practice and continuing competency. In fact, ongoing supervision is an essential part of ethical practice and counselors should seek supervision to assist them in difficult cases or to expand their scope of practice (Corey, Corey, & Callanan, 2003).

Peer supervision has proven to be an effective method for practicing counselors to develop skills and obtain help with difficult cases. Agnew, Vaught, Getz, and Fortune (2000) found that school counselors who participated in peer supervision groups gained a sense of professionalism and increased their consultation and referral skills. Peer supervision groups are an excellent way to continue the supervision process in one's post licensure professional life. A bi-weekly or monthly brown bag lunch supervision group can be readily incorporated into even the busiest counselor's schedule. This is particularly important for sole practitioners who may be isolated and unable to debrief and process on a daily basis with colleagues.

While similar to supervision, consultation does not typically contain an evaluative element (Benshoff & Paisley, 1996). Establishing a peer consultation network or group provides counselors an opportunity for feedback and assistance with difficult cases and general issues. Peer consultation groups have been found to be effective mechanisms for improving counseling practice (Benshoff & Paisley, 1996; Logan, 1997).

Students have formal opportunities for supervision and consultation during practicum and internship, but peer supervision and consultation, as professional virtues, can be emphasized across a counselor education program. Activities such as cooperative projects and consultation case studies stress collaboration with other counselor trainees, thereby normalizing partnership and fostering open communication between professionals. Underscoring peer consultation and supervision within a program as a necessary component of ethical practice will instill these valuable resources as fundamental professional behaviors. Partnership, teamwork, and openness to supervision and consultation can be designated as evaluated dispositions, thereby highlighting the importance of these attributes.

Professional involvement and advocacy. Professional involvement in the American Counseling Association (ACA) and in ACA state divisions provides opportunities for interaction and networking with peers. These networking relationships scaffold the zone of proximal development as they offer occasions for formal and informal exchange of ideas. Professional organizations also offer publications, conferences, and workshops that relate cutting edge developments in the counseling field. Professionally involved counselors are afforded the opportunity to write and present their own ideas, and therefore to contribute to the general knowledge base and overall competency of the profession. Leadership opportunities are usually plentiful at the state level and the self-confidence and experience gained through service to the profession in a leadership position is invaluable.

Professional involvement also gives counselors a sense of distinctiveness and professional selfhood. Daniels (2002) found that membership in professional organizations enhanced a counselor's sense of collective identity. Collective identity, which is the extent to which one identifies with his or her profession, is an important aspect of professionalism and Daniels suggested that training programs intentionally foster trainee involvement in professional organizations.

With encouragement from faculty, collaborative and individual class projects can often be developed into programs that counselor trainees can present at state, regional, and even national conferences. In fact, the authors have encouraged and facilitated students in the submission of class group projects to conferences with much success. These students have gained experience in professionalism and networking which will enhance their development as competent professional counselors.

Another avenue for scaffolding students toward ownership of the profession is through advocacy efforts. Students can be introduced to the concept of advocacy and discuss how counselors might advocate for clients and for the profession. Through this discussion, they can be introduced to modalities of advocacy such as legislative advocacy. After a review of the legislative process, students can be guided to participate in the process. Some steps might include helping them identify their own senators and representatives, encouraging them to become familiar with salient issues, and arranging joint meetings with state or national legislators to discuss issues. This activity could be organized as a field trip for a professional issues class or as an independent activity for post-master's supervisees.

Monitoring personal mental health. Monitoring one's own mental health in order to avoid impairment is a critical hallmark of continuing competency. Counseling is a helping profession, but counselors must balance their caring for others with intentional self-care (Skovholt, 2001). Since self-care is a common goal for many clients, it stands to reason that counselors should model self-care practices that enhance the body, mind and spirit (Schmidt, 2002). Ignoring self-care will certainly lead to stress and may lead to counselor impairment. Because counselor impairment creates a risk to clients, it is our ethical obligation to avoid burnout and seek help for personal problems and issues (Corey et al., 2003). Myers, Mobley and Booth (2003) highlighted the importance of wellness and noted that the "underlying philosophy of counselor preparation rests on a foundation of wellness for professionals and professionals in training" (p. 273). They emphasized wellness as a necessary component of counselor education.

Ongoing self-care, awareness of personal issues, and a willingness to seek professional help are necessary elements of continuing competency, and wellness practices should be emphasized in counseling courses as indispensable components of informed counseling practice. While most counselor educators understand the necessity of addressing student impairment, they may be overlooking stressed students who need to be encouraged in self-care practices. Implementing a wellness self-evaluation by students would highlight the importance of self-care and identify those students in need of intervention.

Academic integration of continuing competency. Taking personal responsibility for continuing competency, and understanding the connection between continuing competency and the ethical responsibility to promote the welfare of clients, can be emphasized at every opportunity in a training program. In each course, the need to be aware of the changes that occur in the counseling field, and the necessity for every counselor to keep up to date on new developments can be underscored by presenting concepts framed within historical progression and societal change. Introducing the zone of proximal development and scaffolding into the program philosophy as a developmental model for the conceptualization of continuing competency would emphasize the ongoing nature of professional growth. In fact, culminating portfolios for graduating students could include a 10, 20, and perhaps even a 30 year plan for the scaffolding of continuing competency. This would underscore the lifelong growth and learning necessary in the counseling profession. Contextualizing lifelong learning in this manner would highlight the need for counselors to establish continuing competency as a lifelong intentional pursuit as they start out on a long, exciting, and purposeful journey toward increasing levels of competency and wisdom as a counselor.

Implications for Counselor Educators and Supervisors

As the primary models of continuing competency, counselor educators and supervisors must own the necessity for the scaffolding of their own practice and professional development. There is never a point where a counselor has learned all there is to know; therefore, it is crucial that counselor educators and supervisors intentionally embrace and model continuing competency. Counselor education programs provide the knowledge base that forms the foundation for continuing competency, but the yearning for aspirational knowledge must be modeled.

Counselor educators and supervisors should be mindful of the behaviors they are exhibiting for supervisees and trainees. When counselor trainees observe faculty members reading professional literature, attending professional conferences, serving as leaders in professional organizations, participating in supervision and consultation groups, integrating new cutting edge knowledge into coursework, and exhibiting wellness practices, the trainees see competency elements in action. By modeling developmental lifelong continuing competency and ethical practice for trainees, counselor educators and supervisors inspire novice counselors to strive for continuing competency which ultimately will enhance the welfare of the public. As counselor educators and supervisors, we must be willing to examine our own professional behaviors through questions such as: How are we scaffolding our own continuing competency? In what ways do we model lifelong learning? How have we incorporated wellness and self-care into our professional lives? Do we exhibit the desire for movement along our zones of proximal development toward aspirational knowledge? Are we exemplars of the value of continuing competency?

Conclusion

It has been over 10 years since the Pew Taskforce made initial recommendations for continuing competency in regulated health professions. Since the recommendations were made, mental health regulatory bodies have discussed the concept, but little has changed in the way post-licensure competency is evaluated. Rather than wait for external regulatory enforcement of continuing competency, counselor educators and supervisors can intentionally promote and model the lifelong pursuit of continuing competency as an ethical responsibility and a core value of exceptional counseling practice. By conceptualizing lifelong learning as a developmental journey, counselor trainees can enter the counseling field energized by a belief in ongoing growth, advancement, and competency as professionals.

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